

MDR Tracking Number: M5-04-2416-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 2, 2004.

The IRO reviewed office visits, work conditioning, work conditioning, each additional hour, hot/cold pack therapy, electrical stimulation, myofascial release, ultrasound that was denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

The office visits for dates of service 04/01/03, 04/09/03, 04/16/03 and 05/19/03 (99213-MP and 99213) and the work conditioning (97545-WC and 97546-WC) for dates of service 05/06/03 through 05/09/03 **were** found to be medically necessary. The office visit on 05/20/03, hot/cold packs, electrical stimulation, myofascial release and ultrasound for dates of service 05/19/03 and 05/20/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, work conditioning, work conditioning, each additional hour, hot/cold pack therapy, electrical stimulation, myofascial release, ultrasound.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

On June 22, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

- CPT Code 99213 for date of service 06/10/03 denied as "N". Per the 1996 Medical Fee Guideline, E&M Ground Rule (IV)(C)(2) submitted relevant information did not include this date of service to support the services were rendered as billed. Reimbursement is not recommended.
- CPT Code 99455-RP for date of service 06/10/03 denied as "N". Per the 1996 Medical Fee Guideline, E&M Ground Rule (XXII)(D)(2) submitted relevant information did not include this date of service to support the services were rendered as billed. Reimbursement is not recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 04/01/03, 04/09/03, 04/16/03, 05/06/03 through 05/09/03 and 05/19/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4th day of November 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

AMENDED REPORT

October 26, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2416-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed chiropractor with a specialty in rehabilitation. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient worked as a forklift operator for the employer for several years. He has had no previous workers' compensation injuries according to the records. He was injured when a crate fell from a forklift and he placed his arms up to block the box. Records indicate that his right eye and thoracolumbar spine were injured. A CCH was won by the patient on 3/4/02 stating his right eye and thoracolumbar spine were compensable. Multiple references to cervical injury are noted throughout the records; however, it has not been found to be compensable according to the CCH records.

DISPUTED SERVICES

Disputed services include: office visits, work conditioning, WC (each additional hour), hot/cold pack therapy, electrical stimulation, Myofascial release, ultrasound as denied by carrier for medical necessity with "V" codes. The date range for services is from 4/1/03 through 5/20/03.

DECISION

The reviewer disagrees with the previous adverse determination for the following services:

Office visits on 4/1/03, 4/9/03, 4/16/03 and 5/19 and Work Conditioning (97545 WC and 97546 WC) on 5/6, 5/7, 5/8, 5/9/03.

The reviewer agrees with the previous adverse determination of the following services:

Office Visit (5/20/03), Hot/cold packs (5/19 and 5/20/03), Electrical Stimulation (5/19 and 5/20/03), Myofascial Release (5/19 and 5/20/03) and Ultrasound (5/19 and 5/20/03)

BASIS FOR THE DECISION

The basis of the above-determination is based upon the North American Spine Society Phase Three Guidelines, Evidence Based Medical Guidelines and the TX Guidelines for Quality Assurance and Practice Parameters. Specifically, it is noted that the patient was in a work-conditioning program during the designated doctor's application of MMI. In the DD's report, he indicates that the patient had finished a work hardening program. It is apparent from the FCE's from 1/27/03 through 6/3/03 that the patient did improve in compliance with 408.021. The patient has returned to work full duty and was given an impairment by his treating doctor on 7/30/03.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Specialty IRO is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director